Vendor Incident Form

Purpose

This Vendor Incident Form is designed for state employees and/or travel coordinators to provide detailed information regarding vendor services and to seek assistance from the Office of Purchasing and Travel (OPT) for problem resolution when initial attempts have failed. This form may also be used to note positive feedback regarding a vendor. All problems should be brought to the attention of the state agency travel coordinators before seeking the assistance of OPT.

Instructions

Although it is not required, OPT recommends that stage agency travel coordinators submit this form. This form should be completed by filling in each field with the information requested. OPT staff will seek a successful resolution to each problem in order to maintain the integrity of vendor contracts. Individuals requesting assistance will be contacted for additional information (if needed) and provided a final status report (if applicable.)

You may submit this form via e-mail at <u>travel@dfa.state.ms.us</u> or by fax at 601.359.3910. No cover sheet is required if submitted by fax. OPT may be contacted at 601.359.3647 at any time.

VENDOR INCIDENT FORM	
Today's Date (mm/dd/yy):	
Agency/University Name:	
Vendor Name and Location:	
Date of Incident (mm/dd/yy):	
Traveler Name:	
Traveler Telephone Number(s):	
Travel Coordinator Name:	
Travel Coordinator Telephone Number(s):	
Message: (be specific: include names, dates, confirmation numbers, rates, and all relevant details)	